



PO Box 1515, Lakeport, CA 95453
 Phone 707-262-1522 ~ Fax 707-263-4466
 office@kcaeagles.com
 www.konochristianacademy.com

OFFICE USE ONLY	
Date Recd _____	
Registration Pd _____	

"equipping students to fulfill their God-given potential"

2018-2019 RETURNING STUDENT APPLICATION FOR ENROLLMENT

STUDENT INFORMATION		
Student's Full Legal Name	Grade Entering	Date of Birth Age
Nickname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional) <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

PARENT/GUARDIAN INFORMATION			
Parent's Name <small><input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian</small>	Employer/Occupation	Parent's Name <small><input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian</small>	Employer/Occupation
Home Phone	Cell Phone	Home Phone	Cell Phone
Work Phone	Other Phone	Work Phone	Other Phone
Email Address		Email Address	
Mailing Address		Mailing Address	
Home Address (if different than above) <input type="checkbox"/> Student's Residence		Home Address (if different than above) <input type="checkbox"/> Student's Residence	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
Responsibility <input type="checkbox"/> Financial <input type="checkbox"/> Conduct <input type="checkbox"/> Grades <input type="checkbox"/> Attendance		Responsibility <input type="checkbox"/> Financial <input type="checkbox"/> Conduct <input type="checkbox"/> Grades <input type="checkbox"/> Attendance	

Notice of Nondiscriminatory Policy as to Students: *Konocti Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

RELIGIOUS AFFILIATION	
Church Home	Church Attendance <input type="checkbox"/> weekly <input type="checkbox"/> occasionally <input type="checkbox"/> rarely <input type="checkbox"/> non-religious
Pastor's Name	Children/Youth Program Attendance <input type="checkbox"/> weekly <input type="checkbox"/> occasionally <input type="checkbox"/> rarely

MEDICAL INFORMATION			
Does student have any medical conditions or allergies? <input type="checkbox"/> Severe Allergy/Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting <input type="checkbox"/> Diabetes <input type="checkbox"/> Migraines <input type="checkbox"/> Heart Condition <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Food/Other/Allergies _____ <input type="checkbox"/> Other _____ Describe _____			
Does student need medication at school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list and complete <i>Medication Consent Form</i>)			
Medical Insurance Carrier	Subscriber	Policy ID#	Group ID#
Doctor's Name	Phone Number	Date of Last Visit	Date of Last Tetanus
Dentist's Name	Phone Number	Orthodontist's Name	Phone Number

EMERGENCY CONTACTS/AUTHORIZED FOR PICK-UP			
<i>Parents will always be contacted first. List in order of preferred contact.</i>			
Name	Phone Number Cell~Work~Home	Phone Number Cell~Work~Home	Relationship
	C W H	C W H	
	C W H	C W H	
	C W H	C W H	
	C W H	C W H	

Konocti Christian Academy
FINANCIAL REGULATIONS and AGREEMENTS
2018-2019 School Year

Please read the following regulations carefully in order to have a complete understanding of the financial obligations to which you are committing yourself with the enrollment of your child at Konocti Christian Academy (KCA).

REGISTRATION/SUPPLY FEE: The registration fee is a non-refundable fee applicable to all students, except when KCA denies admittance to the school. The supply fee covers all classroom supplies for the school year.

BOOKS: Book fees vary by grade level, are applicable for all students enrolling, and are due on Sept. 1st or at the time of registration. Lost or damaged books will be billed to the parents' account.

TUITION PAYMENT SCHEDULE: The tuition fees vary according to the number of children attending from the same family (see Tuition & Fee Schedule). Tuition payments may be made monthly (1st payment due Sept. 1st, last payment due June 1st, *10 equal payments*), semi-annually (1st payment due Sept. 1st, final payment due Jan. 1st) or annually (annual tuition, less 5% discount, if received by Sept. 1st).

PAST DUE ACCOUNTS: A \$15 fee will be assessed on payments made after the 10th of the month. If the tuition and late fee are not paid by the 30th of the month, the student will no longer be accepted into school and cannot return until the unpaid balance is paid in full. A \$15 late fee will be assessed monthly on any unpaid balance. A \$25 fee will be assessed on any returned checks. If you experience financial difficulties, please contact the school office. Accounts 60 days past due will be referred to collections and may be submitted to credit reporting agencies. If it becomes necessary for KCA to consult or use legal counsel to collect fees owing to KCA, the parent/guardian agrees to pay all court costs, attorney fees and collection costs as they relate to this matter.

PARENT INVOLVEMENT (PI) HOURS: Parents are required to volunteer a total of 30 hours per family per school year. PI hours will be tallied quarterly and any time less than 7½ hours per quarter will be billed at \$15 per hour.

VOLUNTEER FOR TUITION CREDIT: Parents who apply and are approved to participate in this program will volunteer a minimum of 12 hours per month in order to receive \$75 per month in tuition credit per family. There will be many different needs, from helping in the classroom to jobs that can be completed at home or in the evening. Please contact the school office for further details. PI hours are separate from volunteering for tuition credit.

EARLY WITHDRAWAL FROM SCHOOL: Should a student withdraw from KCA during the school year, an early withdrawal fee of one month's tuition will be added to any balance on the account. Should a withdrawal become necessary, please notify the school, in writing, as soon as possible.

BOARD OF CONCILIATION: If I, or any member of my immediate family, reach a point of disagreement on an issue of a non-criminal nature with Konocti Christian Academy, in keeping with I Corinthians 6:1, I/we agree to submit to a board of conciliation (the members of which will consist of one KCA chaplain, one representative for the parent and one representative of the school board) rather than taking the dispute to a civil court. The decision of the Board of Conciliation shall be in writing and shall be a final binding decision. I/we agree the procedure to be followed, including costs involved, will be in accordance with the Christian Legal Society.

PARENT-STUDENT HANDBOOK: I/we agree to read the Parent-Student Handbook and to support the school in enforcing its policies and rules.

PHOTOS: I/we release Konocti Christian Academy to photograph and/or videotape my/our child while participating in school activities and to use the photos/videos on displays, in newspapers/publications, in promotional materials, or on KCA's website or Facebook page.

PROBATIONARY PERIOD: All new students will be subject to a 90-day probationary period. Konocti Christian Academy reserves the right to revoke the admission of any student within this time period who is deemed not to comply with the philosophy and standards of the school and/or the academic and behavioral expectations of KCA.

I/we jointly and separately have read the above information and understand that this constitutes a legal and binding contract. I/we agree to support the school in enforcing its policies and rules as outlined in this contract and the Parent-Student Handbook.

SIGNATURE: _____
Father Stepfather Grandfather Guardian _____
 Date _____

SIGNATURE: _____
Mother Stepmother Grandmother Guardian _____
 Date _____

Konocti Christian Academy
ANNUAL FIELD TRIP
RELEASE and EMERGENCY
MEDICAL FORM
2018-2019 School Year

This form will stay on file in the KCA office for the current school year. A Permission to Participate form will be sent home prior to each off-campus trip.

I/we give my permission for _____, grade _____, to participate in all school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I/we understand that I/we will be given at least 48 hours notice of all trips away from the school premises. I/we further understand that I/we may revoke permission for a specific field trip by written notice hand delivered to the school office prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Konocti Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If it is believed that a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

SIGNATURE: _____
Father Stepfather Grandfather Guardian

DATE: _____

SIGNATURE: _____
Mother Stepmother Grandmother Guardian

DATE: _____